(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo Posted: Jold Dept: SA. Date: 11/23/10 Time: 10:35	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET NUMBER: 2010 - 381 - 1 If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned
(Please type or print) Submitted by: Wistopher Lindsey	Telephone: (704) 201 - 2733
Address: 1280 Hulon Circle	Fax: 1(866)844-5796
West Columbia, SC 29169	Other: (404) 328-5130
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service be filled out completely.	
NATURE OF ACTION	N (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter RECEIVE	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus NOV 2 3 201	Request to Amend Passenger Limit
Application - Class C Non-Emergency PSC SC CLERK'S OFFICE	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter \
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Paguest for Painstotement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Of The

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: 08-13-10
CI	LASS C - CHARTER
Ap	plication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
1.	Christopher Lindsey db A Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.
	Supreme Shuttle Service
-	Supreme Shuttle Service. 1280 Hulon Circle West Columbia, SC 29169 Street Address of Applicant
	Mailing Address of Applicant if different from street address
	(now) 201-2722 1/840/844-5796
-	(704) 201-2733 Phone 1(866) 844-5796 Fax
-	Jaryayr. Atlegman. Com Email Address
2.	If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)
3.	Select Entity Type: (Check one) [X] Individual Owner/Sole Proprietorship
	Partnership - List names and address of all person having an interest in the business.
	☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance	at Time Applic	ation is Filed:	
Month	08	Year 2010	_

Assets:

Assets.	
Cash	\$8763.00
Receivables	N/A
Real Estate	\$ 14, 480.00
Buildings and Equipment (Net)	\$ 680.00
Motor Vehicles (Net)	\$7,082.00
Garage Equipment (Net)	\$ 1,422.00
Machinery and Tools (Net)	N/A
Supplies on Hand	υĮA
Prepaids and Other Assets	NA
Total Assets	P 32,427
Liabilities and Equity:	
Accounts Payable	\$ 380.00
Notes Payable	* 461.22
Mortgages Payable	\$ 560.00
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	P1401.22
Capital Stock	
Retained Earnings	
Total Equity	\$31,025.78
Total Liabilities and Equity	,

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

Travel to/from Richland or Lexington County to Charlotte/Douglas Int'l Arrport = \$60 one-way, \$100 round mip Travel to/from Charlotte/Douglas Int'l Airport to Fort Jackson Military Base = \$40 pp

Counties to be Served:

Lexington County Bichland County

Maximum Number of Passengers per Vehicle:

8 per vehille in BUV 15 per vehille in passenger van

DESCRIPTION OF EQUIPMENT

MAKE	YEAR &	MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
CADILLAC	2007	ESCALADE	1gyec63837r353298	5818	. X
	· · · · · · · · · · · · · · · · · · ·				· -
				· · · · · · · · · · · · · · · · · · ·	
	 				

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE,

The following insurance quote is for:	
Christopher Linds	Name of Motor Carrier
1280 Hulon Circle,	Name of Motor Carrier No. Columbia. SC 29129 Address of Motor Carrier
Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$ 2/38 -	Limits $25,000/50,000/25,000$
The above quoted premium is for a term of _	12 months.
Minimum Limits - Intrastate Only:	
1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000
Zurich Al	merican ame of Insurance Company
	406 x Belt/100 B1
	1 2/ / 50 392
Hom	e Office Address of Company
I am familiar with the Commission's Rules and	HOCY Belling 18 Colombia SC 2920 e Office Address of Company d Regulations relating to insurance requirements and the above quote d. The insurance company making this quote is authorized by the business in South Carolina.
9.2-10 Date	Authorized Insurance Company Representative's Signature
А	rumonzoa insurance company representative's signature

current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of

Exhibit FWA

	CHI	2ISTOPHER LINDSEY Name of Applicant
•		Name of Applicant
1.	Are there currently any or	atstanding judgments against the Applicant?
	○ Yes	No
	If Yes, indicate nature of	judgement(s) against applicant.
2.	Is Applicant familiar with carrier operations in Sout statutes and regulations?	all statutes and regulations, including safety regulations and governing for-hire motor h South Carolina, and does Applicant agree to operate in compliance with these
	Yes	○ No
3.	Is Applicant aware of the therewith?	Commission's insurance requirements and the insurance premium costs associated
	Yes	○ No

Exhibit on Driver Qualifications

1.	Applie	cant understands that a	ill d	rivers must be a minimum of 18 years of age.	
	0	Yes	0	No	
2.	and su		AV.	tified copy of the driver's three (3) year driving record issued by the SC DMV of the state in which the driver is or has been domiciled for such period must business office.	
	(3)	Yes	0	No	
3.	Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.				
	(2)	Yes	0	No	
4.	their p		ing	ivers operating a vehicle under a Class C Charter Certificate must have in a charter vehicle, a valid driver's license issued by the SC DMV or the current	
	(3)	Yes	0	No	
5.	vehicle	es to drivers who are re	egis	ass C Charter Certificate holders are prohibited from employing or leasing tered, or required to be registered, as sex offenders with the South Carolina or any national registry of sex offenders.	
	@	Yes	0	No	

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

COUNTY OF (LYUNG From) Applicant's Signature	
I, Chyler Lyndsey, CED Name of Applicant's Representative of Supreme Shuffe Service Applicant the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.	- •
Signature of Applicant's Representative	
SWORN TO BEFORE ME This	



The Public Service Commission State of South Carolina

COMMISSIONERS
John E. "Butch" Howard, First District
Chairman
David A. Wright, Second District
Vice Chairman
Randy Mitchell, Third District
Elizabeth B. "Lib" Fleming, Fourth District
G. O'Neal Hamilton, Fifth District
Nikiya "Nikki" Hall, Sixth District
Swain E. Whitfield, At-Large

Jocelyn G. Boyd Chief Clerk/Administrator Phone: (803) 896-5133 Fax: (803) 896-5246

Clerk's Office Phone: (803) 896-5100 Fax: (803) 896-5199

October 13, 2010

TO:

Christopher Lindsey d/b/a

Supreme Shuttle Service

1280 Hulon Circle

West Columbia, SC 29169

FROM:

Daphne Duke, Clerk's Office

YOUR APPLICATION IS BEING RETURNED FOR THE FOLLOWING REASON(S): Failed to Submit Cover Sheet along with the Application Failed to indicate Fares and Clarify Number of Passengers (Per Vehicle) on Exhibit C. Please Clarify Name of Company - If appropriate, need Articles of Incorporation or Limited Liability Company Documents from the Secretary of State's Office. Failed to enclose Description of Equipment (Exhibit D) Failed to Complete Financial Statement (#7, Page 3) Need more detail on area to be served, i.e. what counties would you be operating in? Failed to Complete Exhibit FWA Form Insurance Quote – Form Enclosed - Needs to Be Signed and Submitted with the XXX Application. XXX Other: Failed to Submit Representative's Signature on Page 8 of 9 of Application SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (803) 896-5240.

cc Carole Chauvin, Office of Regulatory Staff (via e-mail)